

FARMINGTON MERCHANTS LEAGUE

2008

(TO BE COMPLETED BY PARENT OR GUARDIAN)

To be eligible, you must live in the R-7 District or attend R-7 area schools.

Player's Name _____ Male _____ Female _____

Address _____ Farmington, MO 63640

School _____ Current Grade ('07-'08) _____

Home Telephone _____ Birth Date: Month _____ Day _____ Year _____

T-Shirt Size: Youth: ☐S ☐M ☐L Adult: ☐S ☐M ☐L ☐XL Late Sign Up=No T-Shirt Choice

Previous Baseball/Softball Experience (in years) _____

Are there Brothers or Sisters who will be playing in the same division? ☐Yes ☐No

Please Give Name _____ Grade _____

CHECK GRADE YOUR CHILD CURRENTLY ATTENDS

- | | |
|---|---|
| <input type="checkbox"/> Coed "T" Division, Grade K | <input type="checkbox"/> Girls Coach Pitch Softball, Grades 1 & 2 |
| <input type="checkbox"/> Boys Coach Pitch Baseball, Grades 1 & 2 | <input type="checkbox"/> Girls Chic Division Softball, Grades 3 & 4 |
| <input type="checkbox"/> Boys Atom Division Baseball, Grades 3 & 4 | <input type="checkbox"/> Girls Sophomore Division Softball, Grades 5 & 6 |
| <input type="checkbox"/> Boys Bantam Division Baseball, Grades 5 & 6 | |

ENCLOSE \$15.00 PLAYING FEE. COMPLETE BOTH SIDES OF APPLICATION.
PLEASE RETURN BY MARCH 28th TO ASSURE A POSITION IN THE LEAGUE.

Detach Here --- Place in Envelope --- Mail

SENDER

**FARMINGTON CIVIC CENTER
2 BLACK KNIGHT DRIVE
FARMINGTON, MO 63640**

DEADLINE: MARCH 28

(TO BE COMPLETED BY PARENT OR GUARDIAN)

(We, I) the undersigned (parent, parents) or legal guardian of

(Child's name) _____

(does, do) hereby consent that the above named minor may participate in the Farmington Merchants League. It is agreed that said League, it's sponsors, officials or City assume no legal liability for injuries and the undersigned shall hold the City harmless from any actions brought against the City as the result of participation.

Parent or Guardian Signature: _____

Date: _____ Print Name: _____

HELP! HELP! HELP! HELP! HELP! HELP! HELP! HELP!
COACHES SIGN UP BELOW

We need volunteer coaches in all leagues. If you would like to help, sign here: ☐Coach ☐Co-Coach

Note: Signing the application authorizes the City to conduct a criminal background check.

Signature _____ Home Phone# _____

Print Name _____ Work Phone# _____

Address _____ Birth Date _____ T-Shirt Size _____

Detach form: **MAIL BEFORE MARCH 28. \$15.00 ENTRY FEE. NO REFUNDS.**

Checks Payable To: **Farmington Parks Department**

2008